

TOWN OF HILTON HEAD ISLAND PLANNING DEPARTMENT
PLAT STAMPING CHECKLIST

AGENT SUBMITTING APPLICATION:

Name _____
Address _____
Telephone _____

Reason for plat stamping request per LMO Section 16-1-106 Activities Not Constituting Development – check one:

- ☐ **A. Transfer of Title.** A transfer of title to land not involving the division of land into parcels.
- ☐ **B. Leases and Easements.** The creation or termination of leases and easements concerning development of land, or other rights, except that no easement required by this Title may be terminated without the approval of the Administrator.
- ☐ **C. Legal Exhibits and Documents.** The recording of any documents or plats expressly for the purposes of reference or attachment to a publicly recorded document when such recording does not result in subdivision of land into parcels. Such recording may include, but is not limited to, documents such as master deeds or covenants, or plats for mortgage or HUD filing purposes only.
- ☐ **D. Combination or Recombination of Lots.** The combination or recombination of portions of previously platted lots where the total number of lots is not increased and the resultant lots comply with all standards of this Title.
- ☐ **E. Division of Land into Five Acre or Larger Parcels.** The division of land into parcels of five acres or more where no new street is involved.

| Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OWNER OF RECORD SIGNATURE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROPERTY DEED/TITLE SOURCE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TITLE (PURPOSE OF SURVEY) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VICINITY SKETCH |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STATE & COUNTY WHERE LOCATED |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WHO SURVEY WAS PREPARED FOR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TAX DISTRICT, MAP, & PARCEL NUMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ACREAGE OF PARCEL(S) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ROAD ACCESS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EASEMENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EASEMENT DOCUMENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DATE OF SURVEY & REVISIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GRAPHIC & NUMERIC SCALE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NORTH ARROW |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CERTIFICATION OF SURVEYOR STATING "CLASS" OF SURVEY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXISTING MONUMENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IMPROVEMENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SURVEYOR'S EMBOSSED SEAL, SIGNATURE, ADDRESS, & REGISTRATION NUMBER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | "S.C. Certificate of Authorization" SEAL WHEN SURVEY DONE BY CORPORATION, FIRM, ASSOCIATION, PARTNERSHIP, OR OTHER SUCH ENTITY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FEMA ZONE INFORMATION |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FLOOD DISCLOSURE STATEMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | REFERENCE PLATS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TRANSFER AGREEMENT |

STAFF APPROVAL _____ DATE _____

APPLICATION NUMBER _____